

## APPENDIX C

| <b>TRANSMITTAL FORM</b><br>The proponent of this form is CAMP-SB. See CAL PAM 40-2 for complete instructions.   |  |                       |              |            |   |  |
|---|--|-----------------------|--------------|------------|---|--|
| <input checked="" type="checkbox"/> Line of Duty <input type="checkbox"/> Incapacitation <input type="checkbox"/> Death <input type="checkbox"/> Medical Bills <input type="checkbox"/> Other   |  |                       |              |            |   |  |
| Office of the Adjutant General<br>State Military Forces<br>ATTN: CAMP-SB<br>P. O. Box 214405<br>Sacramento, CA 95821-0405   | From: HHC, 40th Inf Div (M)<br>2876 E. Vendor Street<br>Los Alamitos, CA 90720-5001  |                       |              |            |   |  |
| Date: 28 July 1989  | POC: CPT Henry Doe   | Phone: (213) 493-8475 |              |            |   |  |
| <p>USAGE: All source documents sent to Support Branch are logged in and out to provide control at all levels and to furnish an audit trail.</p> <p>INSTRUCTIONS TO COMPLETE FORM: Check-off inventory items attached and obtain signature of BN or MACOM Administrative Officer (AO). Forward to OTAG, ATTN: CAMP-SB Box #20. Special Instructions are provided on the reverse side of this form. See CAL PAM 40-2 for complete instructions.</p>   |  |                       |              |            |   |  |
| SOLDIER'S NAME: MSG JEFFERSON, George C.      SSN: 123-45-6789      DOI: 16 Jun 89  |  |                       |              |            |   |  |
| <div style="text-align: center;">DOCUMENT INVENTORY FOR LOD:</div> <table style="width: 100%; border: none;"> <tr> <th style="width: 50%; text-align: center;">INFORMAL LOD</th> <th style="width: 50%; text-align: center;">FORMAL LOD</th> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> CAL ARNG Form 40-2<br/> <input type="checkbox"/> CAL ARNG Form 2173<br/> <input type="checkbox"/> Injured Soldier's Statement (DD Form 2823) #1<br/> <input type="checkbox"/> Witness Statement(s) (DD Form 2823) #1<br/> <input type="checkbox"/> Medical Treatment Records (CAL NG Form 40-6-2) #8<br/> <br/> <input type="checkbox"/> AT Orders/IDT Training Schedule #6<br/> <input type="checkbox"/> Other Documents #2               </td> <td style="vertical-align: top; padding: 5px;"> <input checked="" type="checkbox"/> CAL ARNG Form 40-2<br/> <input checked="" type="checkbox"/> DD Form 261<br/> <input checked="" type="checkbox"/> Order Appointing Investigating Officer.<br/> <input checked="" type="checkbox"/> CAL ARNG Form 2173<br/> <input type="checkbox"/> Letter of Adverse Personnel Action #7<br/> <input checked="" type="checkbox"/> Injured Soldier's Statement (DD Form 2823) #1<br/> <input checked="" type="checkbox"/> Witness Statement(s) (DD Form 2823) #1<br/> <input checked="" type="checkbox"/> Medical Treatment Records (CAL NG Form 40-6-2)<br/> <input checked="" type="checkbox"/> DA Form 3881 Rights Warning #3<br/> <input checked="" type="checkbox"/> Accident/Police Report #4<br/> <input checked="" type="checkbox"/> Map (showing direct route) (As Required)<br/> <input checked="" type="checkbox"/> AT Orders/IDT Training Schedule #6               </td> </tr> </table> <div style="text-align: center; margin-top: 10px;">ADMINISTRATIVE LOD</div> <div style="padding: 5px;"> <input type="checkbox"/> CAL ARNG Form 40-2<br/> <input type="checkbox"/> CAL ARNG Form 2173           </div> <p># See special instructions.<br/>           (Refer to reverse side for INCAP and DEATH inventory)</p> |  |                       | INFORMAL LOD | FORMAL LOD | <input type="checkbox"/> CAL ARNG Form 40-2<br><input type="checkbox"/> CAL ARNG Form 2173<br><input type="checkbox"/> Injured Soldier's Statement (DD Form 2823) #1<br><input type="checkbox"/> Witness Statement(s) (DD Form 2823) #1<br><input type="checkbox"/> Medical Treatment Records (CAL NG Form 40-6-2) #8<br><br><input type="checkbox"/> AT Orders/IDT Training Schedule #6<br><input type="checkbox"/> Other Documents #2 | <input checked="" type="checkbox"/> CAL ARNG Form 40-2<br><input checked="" type="checkbox"/> DD Form 261<br><input checked="" type="checkbox"/> Order Appointing Investigating Officer.<br><input checked="" type="checkbox"/> CAL ARNG Form 2173<br><input type="checkbox"/> Letter of Adverse Personnel Action #7<br><input checked="" type="checkbox"/> Injured Soldier's Statement (DD Form 2823) #1<br><input checked="" type="checkbox"/> Witness Statement(s) (DD Form 2823) #1<br><input checked="" type="checkbox"/> Medical Treatment Records (CAL NG Form 40-6-2)<br><input checked="" type="checkbox"/> DA Form 3881 Rights Warning #3<br><input checked="" type="checkbox"/> Accident/Police Report #4<br><input checked="" type="checkbox"/> Map (showing direct route) (As Required)<br><input checked="" type="checkbox"/> AT Orders/IDT Training Schedule #6 |
| INFORMAL LOD  | FORMAL LOD   |                       |              |            |   |  |
| <input type="checkbox"/> CAL ARNG Form 40-2<br><input type="checkbox"/> CAL ARNG Form 2173<br><input type="checkbox"/> Injured Soldier's Statement (DD Form 2823) #1<br><input type="checkbox"/> Witness Statement(s) (DD Form 2823) #1<br><input type="checkbox"/> Medical Treatment Records (CAL NG Form 40-6-2) #8<br><br><input type="checkbox"/> AT Orders/IDT Training Schedule #6<br><input type="checkbox"/> Other Documents #2   | <input checked="" type="checkbox"/> CAL ARNG Form 40-2<br><input checked="" type="checkbox"/> DD Form 261<br><input checked="" type="checkbox"/> Order Appointing Investigating Officer.<br><input checked="" type="checkbox"/> CAL ARNG Form 2173<br><input type="checkbox"/> Letter of Adverse Personnel Action #7<br><input checked="" type="checkbox"/> Injured Soldier's Statement (DD Form 2823) #1<br><input checked="" type="checkbox"/> Witness Statement(s) (DD Form 2823) #1<br><input checked="" type="checkbox"/> Medical Treatment Records (CAL NG Form 40-6-2)<br><input checked="" type="checkbox"/> DA Form 3881 Rights Warning #3<br><input checked="" type="checkbox"/> Accident/Police Report #4<br><input checked="" type="checkbox"/> Map (showing direct route) (As Required)<br><input checked="" type="checkbox"/> AT Orders/IDT Training Schedule #6 |                       |              |            |   |  |
| <div>Administrative Officer Certification:</div> <p>I certify that I have personally reviewed the attached documents and found them to be correct and complete in accordance to CAL PAM 40-2.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p>28 July 1989</p> <p>DATE OF CERTIFICATION</p> </div> <div style="width: 55%; text-align: right;"> <p>DOE, HENRY/CPT </p> <p>PRINT/TYPE NAME/RANK AND SIGNATURE</p> </div> </div>  |  |                       |              |            |   |  |

CAL ARNG Form 40-2

## APPENDIX C (continued)

## INCAPACITATION PAYROLL

## 1. Initial Payroll:

- ☐ CAL ARNG Form 40-2
- ☐ CAL NG Form 37-2C
- ☐ CAL ARNG Form 37-9
- ☐ CAL NG Form 37-2H
- ☐ CAL NG Form 37-2E (If required)
- ☐ CAL NG Form 37-2F (If required)
- ☐ Check Stub (If required)
- ☐ CAL ARNG Form 40-6-2/Doctors Statement
- ☐ CAL NG Form 37-D
- ☐ CAL ARNG Form 2173, with approval
- ☐ DA Form 261, with approval
- ☐ AT Order/IDT Training Schedule

## 2. Additional Payrolls

- ☐ CAL NG Form 37-2C
- ☐ CAL ARNG Form 37-9
- ☐ CAL NG Form 37-2H
- ☐ CAL NG Form 37-2E (If required)
- ☐ CAL NG Form 37-2F (If required)
- ☐ Check Stub (If required)
- ☐ CAL ARNG Form 40-6-2 #8

## DEATH CASE

- ☐ CAL ARNG Form 40-2
- ☐ Death Report  
Example AR 10-7  
para 10-7
- ☐ Certified Death Cert.
- ☐ DD Form 93
- ☐ VA Form 29-8286
- ☐ Last three LES
- ☐ MPRJ File #5
- ☐ Statement of pay due
- ☐ Unit Training  
Schedule #6
- ☐ Police Report\*
- ☐ Coroner Report\*

\*Depending on the cause  
of death (gun shot wound,  
auto accident, etc).

## SPECIAL INSTRUCTIONS

1. DD Form 2823 should be used if available. Plain bond or notebook paper can be substituted.
2. Submit other documents as required to assist in the investigation/determination. (physicals, accident reports, maps, etc).
3. Rights warning are required only if soldier is suspected or accused of any offense under the UCMJ.
4. Accident/police report are required if a vehicle accident is directly related.
5. Forward MPRJ unless stored at CAMP-CARE. (Indicate MPRJ's location in comments.)
6. AT Orders/IDT training Schedule are required when on duty status.
7. Letter of notification for not-in-line-of-duty findings and adverse personnel action pending.
8. CAL ARNG Form 40-6-2 must be submitted with each INCAP payroll request. A doctor's medical statement can be substituted in place of the CAL ARNG Form 40-6-2.

## COMMENTS:

## APPENDIX C (continued)

| REPORT OF INVESTIGATION<br>LINE OF DUTY AND MISCONDUCT STATUS<br>(AR 600-10 or AFR 35-67)  |  |                                 |           |  |  | DATE<br>27 June 89   |  |
|--|--|---------------------------------|-----------|--|--|--|--|
| 1. INVESTIGATION OF<br><input type="checkbox"/> INJURY <input checked="" type="checkbox"/> DISEASE <input type="checkbox"/> DEATH  |  |                                 |           |  |  | 3. STATUS<br>a. <input type="checkbox"/> REGULAR OR EAD  |  |
| 2. TO: (Major Army or Air Force Commander)<br>Chief National Guard Bureau, Washington D.C., 20310-2500   |  |                                 |           |  |  | b. CALLED OR ORDERED TO AD FOR<br>(1) <input type="checkbox"/> MORE THAN 30 DAYS<br>(2) <input type="checkbox"/> 30 DAYS OR LESS |  |
| 4. LAST NAME - FIRST NAME - MIDDLE INITIAL<br>JEFFERSON, George C.   |  |                                 |           |  |  | 5. SERVICE NO./SSAN<br>123-45-6789   |  |
| 7. ORGANIZATION AND STATION OF INDIVIDUAL<br>HHC, 40th Infantry Division (M), Los Alamitos, CA 90720-5001  |  |                                 |           |  |  | 6. <input type="checkbox"/> INACTIVE DUTY TRAINING (Type)  |  |
| 8. OTHER MILITARY PERSONNEL INVOLVED IN THE SAME INCIDENT<br>(Last Name - First Name - Middle Initial)   |  |                                 |           |  |  | d. <input checked="" type="checkbox"/> SHORT TOUR OF ACTIVE DUTY FOR TRAINING<br>32 USC 503                                      |  |
| SERVICE NUMBER OR SSAN   |  |                                 |           |  |  | DURATION<br>(Applies ONLY to 3c and 3d)  |  |
| GRADE  |  |                                 |           |  |  | DATE   |  |
| LOD INVESTIGATION MADE<br>YES NO   |  |                                 |           |  |  | HOUR   |  |
| NONE   |  |                                 |           |  |  | START 10 Jun 89 0600   |  |
|  |  |                                 |           |  |  | FINISH 24 Jun 89 1700  |  |
| 9. BASIS FOR FINDINGS (As determined by investigation)   |  |                                 |           |  |  |  |  |
| a. CIRCUMSTANCES   |  | (1) HOUR                        | (2) DATE  | (3) PLACE  |  |  |  |
|  |  | 1200                            | 16 Jun 89 | Camp Roberts, CA 93451-5000  |  |  |  |
| (4) HOW SUSTAINED<br>Stress while working in 97+ degree weather.   |  |                                 |           | b. MEDICAL DIAGNOSIS<br>Acute Myocardial Infarction  |  |  |  |
| c. <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT PRESENT FOR DUTY (Do not complete e and f in death cases)  |  |                                 |           |  |  |  |  |
| e. <input type="checkbox"/> INTENTIONAL MISCONDUCT OR NEGLIGENCE<br><input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT THE PROXIMATE CAUSE   |  |                                 |           |  |  |  |  |
| d. ABSENT <input type="checkbox"/> WITH <input type="checkbox"/> WITHOUT AUTHORITY   |  |                                 |           |  |  |  |  |
| f. <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND   |  |                                 |           |  |  |  |  |
| 6. REMARKS MSG JEFFERSON was walking with SPC Michaels to the mess area for lunch. He began to experience severe chest pains and shortness of breath. SPC Michaels summoned help and MSG Jefferson was taken to Twin Cities Comm Hospital. There is no particular incident that can be singled out as having caused the heart attack. The fact that MSG Jefferson was acting 1SG (a position he had never held before), the in-the-field environment under simulated combat conditions coupled with the hot weather were all contributing factors. |  |                                 |           |  |  |  |  |
| 10. FINDINGS (Do not complete in death cases)<br><input checked="" type="checkbox"/> IN LINE OF DUTY<br><input type="checkbox"/> NOT IN LINE OF DUTY - NOT DUE TO OWN MISCONDUCT<br><input type="checkbox"/> NOT IN LINE OF DUTY - DUE TO OWN MISCONDUCT   |  |                                 |           | ORGANIZATION AND STATION OF INVESTIGATING OFFICER<br>HHC, 40th Inf Div (M) Los Alamitos, CA  |  |  |  |
|  |  |                                 |           | SIGNATURE AND TYPED NAME OF INVESTIGATING OFFICER<br>JOHN G. DOUGH, JR.  |  |  |  |
|  |  |                                 |           | GRADE<br>O3/CPT  |  |  |  |
|  |  |                                 |           | BRANCH<br>IN   |  |  |  |
|  |  |                                 |           | SERVICE NO./SSAN<br>222-33-4444  |  |  |  |
| ACTION BY APPOINTING AUTHORITY   |  |                                 |           | ACTION BY REVIEWING AUTHORITY  |  |  |  |
| HEADQUARTERS<br>HQ, 40th Inf Div (M)   |  | DATE<br>30 Jun 89               |           | HEADQUARTERS<br>OTAG, Sacramento, CA   |  | DATE<br>12 Jul 89  |  |
| <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED<br>(Reasons and substituted findings are on reverse)   |  |                                 |           | <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED<br>(Reasons and substituted findings are on reverse) |  |  |  |
| SIGNATURE AND TYPED NAME<br>PETER B. PRINCIPLE   |  |                                 |           | SIGNATURE AND TYPED NAME<br>THOMAS T. TYLER  |  |  |  |
| GRADE<br>CW4   |  | BRANCH                          |           | GRADE<br>O4/MAJ  |  | BRANCH<br>IN   |  |
|  |  | SERVICE NO./SSAN<br>333-44-5555 |           |  |  | SERVICE NO./SSAN<br>444-55-6666  |  |
| FOR ACTION OF OFFICE INDICATED IN ITEM 2   |  |                                 |           |  |  |  |  |

DD FORM 261  
1 OCT 88REPLACES EDITION OF 1 AUG 88. EXISTING SUPPLIES  
OF WHICH WILL BE USED UNTIL EXHAUSTED.

## APPENDIX C (continued)

CADH-AP-PA

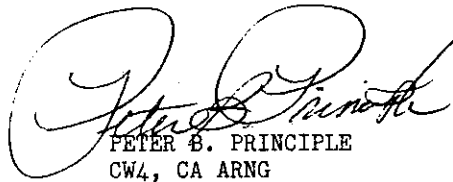
23 June 1989

MEMORANDUM FOR: CPT John G. Dough, Jr., 222-33-4444, HHC 40th Inf Div (M)

SUBJECT: Appointment of Investigating Officer Formal LOD Pertaining to:  
MSG George C. JEFFERSON, 123-45-6789.



1. Effective 23 June 1989, CPT John G. Dough, Jr., 222-33-4444, is appointed as an Investigating Officer.
2. Authority: AR 600-8-1, NGR 600-3.
3. Purpose: To perform a Line of Duty Investigation IAW AR 600-8-1, NGR 600-3, obtaining the details pertaining to the heart attack of MSG George C. Jefferson, 123-45-6789, HHC, 40th Inf Div (M) that occurred at Camp Roberts, CA on 16 June 89.
4. Period: Until the investigation is completed and no further investigation is required, unless released sooner by the appointing authority.
5. Special Instructions: Conduct of this investigation will be your primary duty until the investigation is submitted to the appointing authority. Your findings will be supported by substantial evidence and by a greater weight of evidence than supports any different conclusion. Your report of investigation will be submitted to this Headquarters NLT 30 June 1989.

FOR THE COMMANDER:



PETER B. PRINCIPLE  
CW4, CA ARNG  
Asst AG

## APPENDIX C (continued)

| STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS  |  |  |   |
|---|--|--|---|
| For use of this form, see NGR 800-3; the proponent agency is The State Military Department  |  |  |   |
| THRU: (Include ZIP Code)<br><br>CHANNELS  |  | TO: (Include ZIP Code)<br>OTAG (CAMP-SB)<br>P.O. Box 214405<br>Sacramento, CA 95821-0405   |   |
| FROM: (Include ZIP Code) (213)493-8475<br>HHC, 40th Inf Div (M)<br>2876 E. Vendor Street<br>Los Alamitos, CA 90720-5001   |  |  |   |
| 1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial)<br>JEFFERSON, George C.  |  | 2. SSN<br>123-45-6789  | 3. GRADE<br>MSG/E8  |
| 4. ORGANIZATION AND STATION<br>HHC, 40th Inf Div (M)<br>Los Alamitos, CA 90720-5001   |  | 5. ACCIDENT INFORMATION<br>a. DATE<br>16 Jun 89<br>b. PLACE (City and State)<br>Camp Roberts, CA   |   |
| SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR  |  |  |   |
| 6. INDIVIDUAL WAS <input type="checkbox"/> OUT PATIENT<br><input checked="" type="checkbox"/> ADMITTED <input type="checkbox"/> DEAD ON ARRIVAL   |  | 7. NAME OF HOSPITAL OR TREATMENT FACILITY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY<br>Twin Cities Community Hospital, Templeton, CA   |   |
| 8. HOUR AND DATE ADMITTED<br>1245 16 Jun 89   |  | 9. HOUR AND DATE EXAMINED<br>1245 16 Jun 89  |   |
| 10. DIAGNOSIS AND EXTENT OF <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> DISEASE <input type="checkbox"/> RESULTING IN DEATH (Explain)<br>Acute Myocardial Infarction  |  |  |   |
| 11. MEDICAL OPINION: a. INDIVIDUAL <input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT UNDER THE INFLUENCE OF <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS (Specify):<br>b. INDIVIDUAL <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate).<br>c. INJURY OR DISEASE <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE.<br>d. INJURY OR DISEASE <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY (Add basis for opinion in item 15).<br>e. CONDITION <input checked="" type="checkbox"/> DID <input type="checkbox"/> DID NOT EXIST PRIOR TO SERVICE AND <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT AGGRAVATED BY SERVICE. |  |  |   |
| 12. THE FOLLOWING DISABILITY MAY RESULT<br><input type="checkbox"/> NONE <input type="checkbox"/> ESTIMATE OF TIME LOSS (Days): <input checked="" type="checkbox"/> PERMANENT TOTAL<br><input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL  |  | 13. BLOOD ALCOHOL TEST MADE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   | 14. NO. OF MG ALCOHOL/100 ML BLOOD<br>N/A   |
| 15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when)<br>On 16 Jun '89 at approx 1200 hrs, patient c/o severe arm pain, nausea, developed into severe chest pain, dysnea and shortness of breath.  |  |  |   |
| 16. DATE<br>16 Jun 89   | 17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR<br>Charles M. Masten, MD |  | 18. SIGNATURE<br>  |
| SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER  |  |  |   |
| 19. DUTY STATUS<br><input checked="" type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY<br><input type="checkbox"/> ABSENT WITH AUTHORITY: <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE   |  | 20. HOUR AND DATE OF ABSENCE<br>a. FROM<br>N/A<br>b. TO<br>N/A   |   |
| 21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance)<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO N/A  |  |  |   |
| 22. INDIVIDUAL WAS ON<br><input type="checkbox"/> ACTIVE DUTY <input checked="" type="checkbox"/> ACTIVE DUTY FOR TRAINING 32 USC 503<br><input type="checkbox"/> INACTIVE DUTY TRAINING  |  | 23. HOUR AND DATE OF TRAINING<br>a. BEGAN<br>0800 10 Jun 89<br>b. END<br>2400 24 Jun 89  |   |
| 24. MEMBER WAS INJURED OR DIED OF INJURIES OR DISEASE PROCEEDING <input type="checkbox"/> IN A DIRECT ROUTE <input type="checkbox"/> IN AN INDIRECT ROUTE <input type="checkbox"/> TO DUTY <input type="checkbox"/> FROM DUTY.  |  |  |   |
| 25. MODE OF TRANSPORTATION<br>N/A   | 26. HOUR BEGINNING TRAVEL<br>N/A   | 27. DISTANCE INVOLVED<br>N/A   | 28. NORMAL TIME FOR TRAVEL<br>N/A   |
| 29. ADDITIONAL INSTRUCTIONS FOR INJURIES OR DEATHS CAUSED BY INJURIES RECEIVED IN ROUTE TO OR FROM TRAINING: INCLUDE MANNER OF TRAVEL, ROUTE FOLLOWED AND POINT OF INCIDENT IN ITEM 30. IF PROCEEDING FROM DUTY, INCLUDE RELEASE TIME AND DESTINATION ALSO.   |  |  |   |
| 30. FINDINGS BASED ON COMMANDER'S INVESTIGATION (include names, SSNs and addresses of witnesses - continue on reverse if needed).<br>MSG Jefferson, acting ISG for HHC 40th Inf Div (M), was walking with SPC Michaels, SSN: 987-65-4321, when he began complaining of chest pains and had a hard time breathing. The weather was very hot and MSG Jefferson was under a lot of pressure. He was taken to Twin Cities Community Hospital and admitted for a heart attack.   |  |  |   |
| 31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  | 32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths)<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |   |
| 33. DATE<br>17 Jun 89   | 34. TYPE NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER<br>MARY V. GREENWOOD, CPT, AG, Cdr       |  | 35. SIGNATURE<br> |

## APPENDIX C (continued)

| SWORN STATEMENT   |                                     |                         |                   |
|---|-------------------------------------|-------------------------|-------------------|
| For use of this form, see AR 198-45; the proponent agency is Office of The Deputy Chief of Staff for Personnel.   |                                     |                         |                   |
| LOCATION  | Camp Roberts, CA                    | DATE                    | 17 Jun 89         |
|   |                                     | TIME                    | 0800              |
| LAST NAME, FIRST NAME, MIDDLE NAME  | JEFFERSON, George C.                | SOCIAL SECURITY NUMBER. | 123-45-6789       |
|   |                                     | GRADE/STATUS            | MSG/E8            |
| ORGANIZATION OR ADDRESS   |                                     |                         |                   |
| HHC, 40th Infantry Division (M), Los Alamitos, CA 90720-5001  |                                     |                         |                   |
| I, <u>George C. Jefferson</u> , WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:  |                                     |                         |                   |
| <p>At Annual Training 89, I was made ISG because the ISG had to leave AT early because of a family emergency at home. I have never been a ISG before and I felt a lot of stress because I had so much to do. The weather was very hot. I was walking to get some lunch around 1200 hours with SPC Michaels and I felt as if I had lost all feeling in my arms and someone had just stuck a hot burning iron in my chest. I told SPC Michaels I could not walk anymore and I felt chest pains. He helped me to sit down on the ground and got help. I was taken to the civilian hospital. I never knew I had a bad heart condition. END OF STATEMENT</p> |                                     |                         |                   |
| EXHIBIT   | INITIALS OF PERSON MAKING STATEMENT |                         | PAGE 1 OF 2 PAGES |
|   | <i>GCJ</i>                          |                         |                   |
| <p>ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ___ TAKEN AT ___ DATED ___ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ___ OF ___ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.</p>   |                                     |                         |                   |

DA FORM 2823

SUPERSEDES DA FORM 2823, 1 JAN 88, WHICH WILL BE USED.

|  |   |
|--|---|
| <div style="text-align: center; font-weight: bold; margin-bottom: 10px;">STATEMENT (Continued)</div> <div style="text-align: center; font-size: 4em; opacity: 0.3; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%) rotate(45deg); pointer-events: none;">X</div>   |   |
| AFFIDAVIT  |   |
| <p>I, <u>GEORGE C. JEFFERSON</u></p> <p>MENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE <u>1</u>. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.</p> <p>WITNESSES:</p> <p><u>JOHN G. DOUGH</u></p> <p><u>CPT, IN, CAARNG</u></p> <p><u>Investigating Officer</u></p> <p><u>ORGANIZATION OR ADDRESS</u></p> <p>_____</p> <p>_____</p> <p><u>ORGANIZATION OR ADDRESS</u></p> | <p>HAVE READ OR HAVE HAD READ TO ME THIS STATE-</p> <p><u>George C. Jefferson, MSG</u></p> <p style="text-align: center; font-size: 0.8em;">(Signature of Person Making Statement)</p> <p>Subscribed and sworn to before me, a person authorized by I w<br/>to administer oaths, this <u>17</u> day of <u>June</u>, 19<u>89</u><br/>at <u>Twin Cities Community Hospital, CA</u></p> <p><u>John G. Dough</u></p> <p style="text-align: center; font-size: 0.8em;">(Signature of Person Administering Oath)</p> <p><u>JOHN G. DOUGH</u></p> <p style="text-align: center; font-size: 0.8em;">(Typed Name of Person Administering Oath)</p> <p>_____</p> <p style="text-align: center; font-size: 0.8em;">(Authority To Administer Oaths)</p> |
| INITIALS OF PERSON MAKING STATEMENT  | PAGE 2 OF 2 PAGES   |

## APPENDIX C (continued)

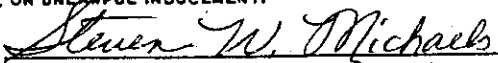
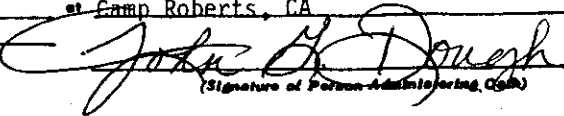
| SWORN STATEMENT   |   |              |                          |
|---|---|--------------|--------------------------|
| For use of this form, see AR 190-45; the proponent agency is Office of The Deputy Chief of Staff for Personnel.   |   |              |                          |
| LOCATION<br>Camp Roberts, CA  | DATE<br>18 Jun 89                                 | TIME<br>1430 | FILE NUMBER              |
| LAST NAME, FIRST NAME, MIDDLE NAME<br>MICHAELS, Steven W.   | SOCIAL SECURITY NUMBER.<br>987-65-4321            |              | GRADE/STATUS<br>SPC/E4   |
| ORGANIZATION OR ADDRESS<br>HHC, 40th Inf Div (M), Los Alamitos, CA 90720-5001   |   |              |                          |
| <p>I, <u>Steven W. Michaels</u>, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:</p> <p>In the field at Annual Training 89 at Camp Roberts, CA while walking with the acting 1SG, MSG Jefferson to the mess tent for lunch. MSG Jefferson stopped and grabbed my arm and said he could not walk anymore he was having chest pains and his arm felt numb. I helped him to sit on the ground and got help. He was taken to the emergency room at a civilian hospital. I found out later he had had a heart attack. END OF STATEMENT.....</p> |   |              |                          |
| EXHIBIT   | INITIALS OF PERSON MAKING STATEMENT<br><i>SWM</i> |              | PAGE 1 OF <u>2</u> PAGES |
| <p>ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF <u>          </u> TAKEN AT <u>          </u> DATED <u>          </u> CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE <u>      </u> OF <u>      </u> PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.</p>   |   |              |                          |

DA FORM 2823

SUPERSEDES DA FORM 2823, 1 JAN 66, WHICH WILL BE USED.



## APPENDIX C (continued)

|   |   |
|---|---|
| STATEMENT (Continued) <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%) rotate(45deg); width: 100%; height: 100%; border: 1px solid black;"></div>  |   |
| <b>AFFIDAVIT</b>  |   |
| I, <u>Steven W. Michaels</u> HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 1. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT. |   |
| WITNESSES:<br><br><u>JOHN G. DOUGH</u><br><u>CPT, IN, CAARNG</u><br><u>Investigating Officer</u><br>ORGANIZATION OR ADDRESS<br><br><br>ORGANIZATION OR ADDRESS  | <div style="text-align: center;"> <br/>         (Signature of Person Making Statement)       </div> <div style="text-align: center; margin-top: 20px;">         Subscribed and sworn to before me, a person authorized by I w<br/>         to administer oaths, this <u>18</u> day of <u>June</u>, 19<u>89</u><br/>         at <u>Camp Roberts, CA</u><br/> <br/>         (Signature of Person Administering Oath)       </div> <div style="text-align: center; margin-top: 20px;"> <u>JOHN G. DOUGH</u><br/>         (Typed Name of Person Administering Oath)       </div> <div style="text-align: center; margin-top: 20px;">         (Authority To Administer Oaths)       </div> |
| INITIALS OF PERSON MAKING STATEMENT   | PAGE      OF      PAGES   |

## APPENDIX C (continued)

|  |                      |  |
|--|----------------------|--|
| <b>INDIVIDUAL SICK SLIP</b><br><input checked="" type="checkbox"/> ILLNESS <input type="checkbox"/> INJURY |                      | DATE<br>16 JUN 1989  |
| LAST NAME - FIRST NAME - MIDDLE INITIAL OF PATIENT<br>Jefferson, George C.                                 |                      | ORGANIZATION AND STATION<br>HHC, 40 <sup>th</sup> INF DIV<br>Los Alamitos, CA  |
| SERVICE NUMBER/SSN<br>123-45-6789  | GRADE/RATE<br>MSG/E8 |  |
| <b>UNIT COMMANDER'S SECTION</b>  |                      | <b>MEDICAL OFFICER'S SECTION</b>   |
| IN LINE OF DUTY    Yes   |                      | IN LINE OF DUTY    Yes   |
| REMARKS<br>Chest pain  |                      | DISPOSITION OF PATIENT<br><input type="checkbox"/> DUTY <input type="checkbox"/> QUARTERS<br><input type="checkbox"/> SICK BAY <input checked="" type="checkbox"/> HOSPITAL<br><input type="checkbox"/> NOT EXAMINED <input type="checkbox"/> OTHER (Specify): |
| REMARKS<br>Transport to TC Hosp via Ambulance  |                      |  |
| SIGNATURE OF UNIT COMMANDER<br>Maria E. Benhard, 1SG   |                      | SIGNATURE OF MEDICAL OFFICER<br>Margie Morningstar, SPC, 91B   |

DD FORM 689  
1 MAR 83

PREVIOUS EDITIONS ARE OBSOLETE.

## APPENDIX C (continued)

## DISABILITY STATEMENT AND COMPLETE REPORT OF ATTENDING PHYSICIAN

**Note to attending physician:** Please complete the statement below if this Guard member is incapacitated and cannot perform normal military duties. To help you make that determination, the individual's normal military duties are outlined below.

(to be completed by unit prior to submission to physician)

Normal military duties for: 11B40 Infantryman  
(Service member's MOS)

Consist of the following A total field environment MOS requiring running, long road marches and various other strenuous activities.

I have examined MSG Jefferson, George C. 123-45-6789 on 16 Jun 89  
(Name and SSN) (Date)

Disabled from 16 JUN 89 to Undetermined  
(Date) (Date)

Date expected to return to normal military duty: pending eval by Military Physician  
(without limitation)

Cause of disability: Acute Myocardial Infarction  
(Final Diagnosis)

Type medical treatment furnished: Acute Thrombolytic therapy, low salt diet

Nature of healing process (prognosis): GOOD

Is it in the best interest of the Federal Government to continue medical treatment rather than to place the service member before a Medical Evaluation Board? yes X no     

This individual (is)\* (is not)\* permanently disabled. If permanently disabled or if temporarily disabled for more than 90 days, the individual (has)\* (has not)\* been scheduled for a (Medical Evaluation Board)\* (Physical Evaluation Board)\* in accordance with AR 40-3.

Board date: N/A

Current medical profile:  
(by service physician)

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| P | U | L | H | E | S |
|   |   |   |   |   |   |

16 JUN 89  
(Date Signed)

Charles M. Masten, MD  
(Physician's Signature)

CHARLES M. MASTEN, MD  
LIC#078121

(Typed or printed name of physician  
and medical treatment facility)

\*Strike out inapplicable term

(THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974)

**AUTHORITY:** 32 USC 318 and 319; 37 USC 204(h); Sections 340 and 341, California Military and Veterans Code.

**PRINCIPAL PURPOSES:** To verify member's disability caused by service connected injury or disease. To determine final diagnosis. Social Security Number is used for identification.

**ROUTINE USES:** Used within the California Army National Guard to determine eligibility for disability pay and treatment in a service hospital or at government expense. Used to determine final diagnosis in line of duty investigations and determinations. Used by State Compensation Insurance Fund as an agent of the State of California to verify entitlement to State Compensation when federal benefits are delayed.

**DISCLOSURE IS VOLUNTARY:** Failure of member or his physician to provide requested information may result in delay in payment for incapacitation or delay in final disposition of member's case (Comp Gen decision #B-185404, 2 Aug 76).

## APPENDIX C (continued)

(Battalion or Squadron Letterhead)

(date)

SUBJECT: TRAVEL ORDERS AND AUTHORIZATION FOR TREATMENT

TO: MEDICAL TREATMENT FACILITY, ATTN: PATIENT ADMINISTRATION  
 THE ADJUTANT GENERAL, CALIFORNIA NATIONAL GUARD, ATTN: CAMP-SB  
 UNITED STATES PROPERTY and FISCAL OFFICER for CALIFORNIA, ATTN: CAUS-TR  
 TRANSPORTATION OFFICER  
 Individual Concerned

1. The following member of the California Army National Guard is authorized medical care under the provisions of para 6, NGR 40-3, and para 4-2, AR 40-3 and is ordered to report for treatment as indicated:

(Last Name, First Name, MI., SSN, Rank, Unit, Unit Address and ZIP Code)

Attached to:

(Name, Address and ZIP Code of Medical Treatment Facility)

Reporting Date: Period:

Purpose: ☐ Treatment ☐ Evaluation ☐ Remedial Surgery ☐ MEB ☐ PEB

Additional instructions: Report to Patient Administration for an appointment in \_\_\_\_\_ at \_\_\_\_\_ hours  
 (allow 15 minutes for processing) (Clinic or Room)

If desired, Transportation Officer will furnish transportation request and meal tickets. Memorandum copy of transportation request and meal tickets will be forwarded to United States Property and Fiscal Officer for California, Camp San Luis Obispo, CA 93403-8660. Travel of dependents and mileage or monetary allowances are not authorized. Reimbursement for actual expenses is authorized. JTR Vol 1, 6005.

## FOR ARNG/ARMY USE

AUTH: ☐ 32 USC 318; 37 USC 204(h) For all injuries incurred in line of duty. Also for diseases incurred in line of duty while under orders not specifying 30 days or less.

☐ 32 USC 319; For diseases incurred in line of duty while under orders specifying 30 days or less.  
 Do not use for diseases incurred during inactive duty training.

Accounting classification: FY 89: Tvt, (Off) 2192060 18-1004 P2U21.1000 (211J,219J) \_\_\_\_\_ /BF0 S04376; (Enl) 2192060 18-1004 P2U41.1100 (211J,219J) \_\_\_\_\_ /BF0 S04376. (NOTE: Enter UIC in blank for officer or enlisted accounting classification.)

HOR:

FORMAT 445

2. Background and status at time of injury/disease are as follows:

Type duty being performed: ☐ IDT ☐ AT ☐ FTTD ☐ REP TRNG ☐ OTHER

Inclusive dates of training: \_\_\_\_\_

Location where disease or injury occurred: \_\_\_\_\_

Date of occurrence: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Line of Duty Status: \_\_\_\_\_ Events leading to incident: \_\_\_\_\_

3. Request treatment facility complete CAL ARNG Form 40-6-2. If a DA Form 2173 or CAL ARNG Provisional Form 2173 is inclosed, request Section I of that form also be completed. These two forms should be returned to this headquarters along with any civilian medical bills.

FOR THE COMMANDER:

(Signature and signature block of Adjutant)

CAL ARNG Form 40-6-1

1 Nov 88

(Replaces CAL ARNG Form 40-6-1 dated 17 Feb 88)

## APPENDIX C (continued)

JEFFERSON, GEORGE C. **TwinCitiesCommunityHospital**

Templeton, California 93465

CHIEF COMPLAINT: Chest pain of one hour's duration.

## HISTORY OF

PRESENT ILLNESS: George Jefferson is a 48-year-old, Caucasian male who suffered sudden onset of severe substernal chest pain radiating to both arms at about 11:30 on the morning of admission after having returned from National Guard maneuvers. The patient states that he had suffered a previous mild transient left arm pain at about 5:30 in the morning while carrying a heavy briefcase. This resolved spontaneously, and did not recur until the onset of the severe pain. The patient was brought by helicopter from Camp Roberts immediately to Twin Cities Hospital Emergency Room, where an electrocardiogram at 12:34 P.M. demonstrated an acute anterior myocardial infarction. He was treated in the Emergency Room with sublingual and topical nitroglycerin, as well as intravenous lidocaine because of ectopy.

PAST MEDICAL HISTORY: The patient has no prior history of heart disease, hypertension or diabetes mellitus. He denies history of ulcer disease or bleeding diathesis.

Prior Surgeries: Only repair of left medial meniscus in 1974 due to a chronic post-traumatic injury.

MEDICATIONS: The patient takes no specific medications.

ALLERGIES: NONE KNOWN.

SOCIAL HISTORY: The patient lives in Twin City with his wife and daughter. He does not smoke cigarettes or drink alcohol.

FAMILY HISTORY: The patient's family history is unknown.

## REVIEW OF SYSTEMS:

Neurological: Negative.

Pulmonary: Negative.

Cardiovascular: The patient has had light-headedness during the past two weeks.

G.I.: Negative.

G.U.: Negative.

Integumentary: Negative.

(CONTINUED ON PAGE TWO)

Patient Jefferson, George C.

Room No.

Hospital No. **07-81-21**

Physician Charles M. Masten, M.D.

Date

19 Jun 89

## HISTORY AND PHYSICAL EXAMINATION

TCC-156

TC 3025

## APPENDIX C (continued)

JEFFERSON, GEORGE C.

**TwinCitiesCommunityHospital**

Page 2

Templeton, California 93465

**PHYSICAL EXAMINATION:**

**General:** The patient is a well-developed and well-nourished, Caucasian male who is alert and oriented but anxious.

**Vital Signs:** HT: 61". WT: 145 lbs. BP: 134/84 mm.Hg.  
P: 84 per minute. R: 22 per minute.

**HEENT:** Head - Normocephalic. Face symmetric. Pupils equal, round and reactive to light and accommodation. Extra-ocular movements are intact. Funduscopic examination is normal. Ears, nose and throat are normal.

**Neck:** There is no jugular venous distention. Carotid pulsations are symmetric without bruit. There is no thyromegaly.

**Chest:** Without deformity or tenderness.

**Lungs:** Clear to percussion but demonstrate a few inspiratory rales at the left base.

**Heart:** Cardiac examination demonstrates no displacement of the apical impulse, a normal first heart sound and physiologically split second heart sound with a soft apical atrial gallop. There is no ventricular gallop or murmur.

**Abdomen:** Soft with normal active bowel sounds and no tenderness or organomegaly.

**Rectal:** Not performed.

**Genitalia:** Normal.

**Extremities:** Symmetric without cyanosis, clubbing or edema. Peripheral pulses are intact and symmetric.

**Neurological:** Cranial nerves are intact. Deep tendon reflexes are symmetric and normal. Plantar reflexes flexor.

**LABORATORY & DIAGNOSTIC DATA:** Electrocardiogram demonstrates normal sinus rhythm and an acute anterior and lateral infarct with reciprocal inferior ST-segment depressions.

**ASSESSMENT:** Acute anterior myocardial infarction.

**PLAN:** 1) The patient will be admitted to the Coronary Care Unit for tissue plasminogen activator (TPA) thrombolysis.

(CONTINUED ON PAGE THREE)

Patient Jefferson, George C.

Room No.

Hospital No. 07-81-21

Physician Charles M. Masten, M.D.

Date 19 Jun 89

rcc-15a

**HISTORY AND PHYSICAL EXAMINATION**

TC 3025

## APPENDIX C (continued)

JEFFERSON, GEORGE C.

**Twin Cities Community Hospital**

Page 3

Templeton, California 93465

PLAN (CONT'D):

- 2) Further diagnostic and therapeutic treatment depends upon the patient's response to acute thrombolytic therapy.

D: 4/10/88-4  
T: 4/11/88  
gz

---

Charles M. Masten, M.D.

Patient Jefferson, George C.

Room No.

Hospital No. **07-81-21**

Physician Charles M. Masten, M.D.

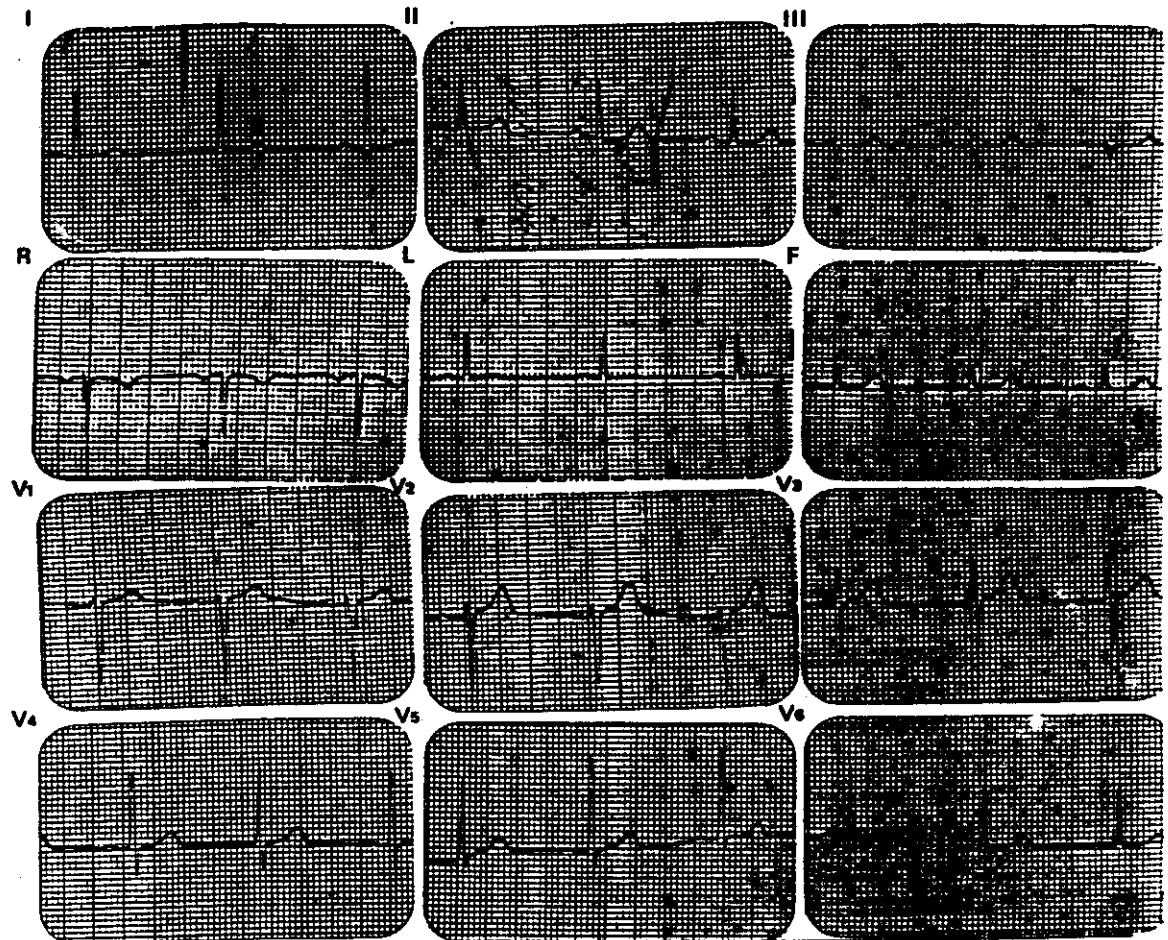
Date 19 Jun 89

**HISTORY AND PHYSICAL EXAMINATION**

TCC-158

TC 3025

APPENDIX C (continued)



PREV ECG YES ☐ NO ☐ AMB ☒ BED ☐  
 CLIN DIAG ☒ ELECTROCARDIOGRAPH REQUEST  
 EMERG ☐ DIG ☐ QUIN ☐ AGE 48 SEX M B P 104/70 DATE  
 ORDERED BY Masten MD

ELECTROCARDIOGRAPH REPORT  
 RHYTHM SINUS ☒ OTHER ☐  
 RATES ATR 65 VENTR 65 INTERVALS P-R 146ms, QRS 36ms AXIS +30°  
 PRECORDIAL LEADS

DESCRIPTION LIMB LEADS  
 P  
 QRS  
 ST  
 T U  
 PATIENT IDENTIFICATION

-00-14308-V

Jefferson, George

C-8.5

INTERPRETATION  
 Sinus Arrhythmia.  
 Within normal limits

DATE 6/16/89 INTERPRETED BY [Signature] MD



## APPENDIX C (continued)

STATE OF CALIFORNIA  
OFFICE OF THE ADJUTANT GENERAL  
P.O. Box 214405 - 2829 Watt Avenue  
Sacramento, California 95821-4405

PERMANENT ORDERS 1-21

5 January 1989

HHC, 40th Inf Div (M)  
Co A 340th Spt Bn  
Co B (-) 340th Spt Bn  
Det 1 Co B 340th Spt Bn  
Co C 340th Spt Bn  
HHB 40th Inf Div Arty  
Btry F 144th FA  
HHB 1st Bn 143d FA  
Btry A 1st Bn 143d FA  
Btry B 1st Bn 143d FA  
Btry C 1st Bn 143d FA  
Svc Btry 1st Bn 143d FA  
HHB 1st Bn 144th FA  
Btry A 1st Bn 144th FA  
Btry B 1st Bn 144th FA  
Btry C 1st Bn 144th FA  
Svc Btry 1st Bn 144th FA

The Army National Guard unit shown and its members are ordered to annual training for the period indicated and will proceed from home station to duty station shown. Upon completion of annual training, return to home station and terminate annual training status.

Authority: NGB Training Authority CA-21 FY 89, 32 USC 503 and Sections 142 and 368 California Military and Veterans Code

Duty station: Camp Roberts CA

Period: 10-24 Jun 89 (15 days including travel time) TDC: 101

Accounting classification: Off Pay & alw 2192060 18-1004 PIA10.1000-1100, 1200 S04376; Off Tv1 & PD 2192060 18-1004 PIA50.1000-2100 S04376;

EM Pay & alw 2192060 18-1004 PIA30.1100-1100.1200 S04376; EM Tv1 & PD 2192060 18-1004 PIA60.1100-2100 S04376

Additional instructions: Payrolls will be accomplished in accordance with instructions contained in CAL ARNGR 350-5. Units are authorized group travel by commercial charter bus if appropriate. Accounting classification: Officer travel: 2192060 18-1004 PIA50.1000 216C S04376. EM travel: 2192060 18-1004 PIA60.1100 216C S04376. Units are authorized group travel by commercial air if appropriate. Accounting classification: Officer travel: 2192060 18-1004 PIA50.1000 217C S04376; EM travel: 2192060 18-1004 PIA60.1100 217C S04376.

BY ORDER OF THE GOVERNOR:

DISTRIBUTION:  
D

C-9

